

DRUG-FREE COMMUNITIES SUPPORT PROGRAM FY 2007 Grant Application Workshops



Executive Office of the President
Office of National Drug Control Policy
&
Substance Abuse and Mental Health Services
Administration

What We Hope You Learn

Requirements of the DFC Program

What is a real community coalition?

Responding to the FY08 Request for Applications

Application and Budget Requirements

**Question and Answer Sessions Throughout*

The DFC goals:

- **To establish and strengthen collaboration** among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.
- **To reduce substance abuse among youth** and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

Award Information

- Approximately \$6 million is available for coalition awards in FY 2007.
- Award amounts will not exceed \$100,000 per year per grant.
- Approximately 60 new coalition grants will be funded in FY 2007.

Am I a New Applicant?

- Grants are awarded in 5-year cycles.
- There are three instances in which you should apply as **a new applicant**.
 1. Never received a grant
 2. Are in Year 5 of a DFC grant
 3. There was a lapse in your funding

Federal Partners

- The US Congress
- The Office of National Drug Control Policy (ONDCP)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)/ Center for Substance Abuse Prevention (CSAP)
- The Coalition Institute
- Battelle Memorial Institute

Federal Partners- Congress

- The US Congress created the program with the Drug-Free Communities Act of 1997.
- Congress reauthorized DFC in 2001
- The Program was again reauthorized for 5 years in 2006.

Federal Partners- ONDCP

- Congress appropriates the money for the program to ONDCP
- ONDCP is responsible for program policy decisions and overall program management
- ONDCP is responsible for measuring and reporting to the President and Congress on the progress and success of the program

Federal Partners- SAMHSA/CSAP

- Through an interagency agreement, ONDCP contracts with SAMHSA for the day-to-day management of DFC grantees
- SAMHSA is the main point of contact between the federal government and Drug-Free Communities grantees

Federal Partners-

The Coalition Institute

- The Coalition Institute is a grantee of the Drug-Free Communities Program
- The Coalition Institute is responsible for providing training and technical assistance to drug-free community coalitions

Federal Partners-

Battelle Memorial Institute

- Battelle Memorial Institute is a private contractor responsible for carrying out a national evaluation of the effectiveness of the Drug-Free Communities program in achieving the program's two goals.

Definition of Community Coalition

For the purposes of DFC, a coalition is defined as a formal agreement and collaboration between groups or sectors of a community in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

DFC grant funds are intended to support community-based coalitions.

Community Focus

- The coalition should develop and carry out a plan that is community focused, not simply focused on preparing and assisting individuals. A community coalition must focus on changing the full environment by identifying and implementing strategies that will affect community attitudes, perceptions, norms, and beliefs around alcohol, tobacco, and other drugs.

Requirements

Eligibility Requirements

- Must have reduction of substance abuse among youth as the principal mission
- Goals and objectives must target multiple drugs and address the two major DFC goals
- Must demonstrate that coalition members have worked together on substance abuse prevention for a period of not less than six months

Eligibility Requirements

- Must have substantial participation from volunteer leaders in the community
- DFC Program cannot fund two coalitions in the same community unless they demonstrate cooperation with one another
- Coalition must be, or make arrangements with, an organization legally eligible to apply for a grant

Eligibility Requirements

Must have Representatives from all 12 sectors

- Youth (*an individual 18 or under*)
- Parents
- Business community
- Media
- Schools
- Youth-serving organizations
- Law enforcement agencies
- Religious or fraternal organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local, and/or tribal governmental agencies
- Other organizations involved in reducing substance abuse

Eligibility Requirements

- Must demonstrate that it responds to substance abuse prevention in the community in a comprehensive and long-term fashion and works to develop consensus regarding the priorities of the community to combat substance abuse among youth
- No more than one grant per fiscal agent

Eligibility Requirements- Matching Funds

- DFC applicants must demonstrate that they have matching funds from other, non-Federal sources.
- Federal funds (including Federal funds passed through State and local governments) may not be counted toward the match.*
- Applicants must itemize the matching funds separately in the budget worksheet and explain the match separately in the budget justification.
- Awards are limited by the amount of the non-Federal match (Year One= 1:1)

****(Native American grantees are permitted to use Federal Funds as match)***

Eligibility Requirements- Evaluation

- **Grantees must conduct biennial surveys to measure progress and effectiveness**
- **Grantees must track four specific measures for three substances.**

Eligibility Requirements- Evaluation

Three Substances:

- Alcohol
- Tobacco
- Marijuana

Four Measures:

- Age of on-set
- Frequency of use in the past 30-days
- Perception of risk or harm
- Perception of disapproval of use by adults

Grant Requirements-

Grantee Meetings

1. New Grantee Meeting - Each grantee is required to send a minimum of two people (including the Project Director) to a 3-day New Grantee Training Workshop in Washington, D.C. in the first year of award.
 2. Grantees are also required to budget to send a minimum of two people (including the Project Director) to a 2-day meeting in Washington, DC each following year.
 1. This meeting is to be determined by the Program Administrator, and is in addition to any other travel for trainings or meetings that you may budget.
- * *The application must include funding for this travel in the budget. Other travel for staff or volunteer training purposes is permitted.*

Grant Requirements- Reports

- Program Progress Reports
 - 3/year (2 Semi-Annual and 1 Annual)
- Coalition Classification Tool
 - 1/year
- Financial Status Report
 - 1/year
- Financial Disbursement Report
 - 4/year
- Details at:
 - <http://ondcp.gov/dfc/reportduedates.html>

Review and Selection Process

1. Must deliver application on time (April 17)
2. Screened for eligibility
3. If eligible, subjected to an independent peer review (3 reviewers/ application)
4. Rank Ordered (average of the 3 scores)
5. Geographic distribution and designation as rural, economically disadvantaged, and tribal used only to break ties.
6. Funding decisions announced (August 2007)

Review and Selection Process-

Why do applicants fail to get funded?

- Do not demonstrate that they meet the eligibility requirements
- Cannot describe the nature and extent of the problem in their community
- Their application does not have a consistent focus from problem identification through evaluation.
- Do not demonstrate that they are focused on community level change

**What is a real
community
coalition?**

What is a Coalition?

- A vehicle for bringing together community sectors to develop and carry out strategies to reduce substance abuse problems.

Who is a Coalition?

Elements (sectors) impacted by problem all contribute to carry out strategies.

What isn't a Coalition?

A coalition is not a program, although partners often carry out programs as their “piece” of the community-wide strategic plan.

Essential Differences Between "Coalitions" and "Programs"

Difference One = Scale

Examples of Coalition Appropriate Longer Term Outcomes:

- 30 day use of alcohol for all high school students in the community.
- Perceived availability of tobacco for all middle school students in the community.

Essential Differences Between "Coalitions" and "Programs"

Difference One = Scale

Examples of Coalition Appropriate Shorter
Term Outcomes:

(measures of strategy implementation)

- The percentage of all care giving adults in the community with improved parenting skills.
- Percentage of all alcohol outlets in the community passing compliance checks.

Essential Differences Between "Coalitions" and "Programs"

Difference One = Scale

Signs of Inappropriate Focus in Scale:

- Evaluation plans that measure the rates of use by program graduates as longer term outcomes
- Evaluation plans that measure short term outcomes as the number of people served.

Essential Differences Between "Coalitions" and "Programs"

Difference Two = Addressing Multiple Causes

- Coalitions seek to insure that all causes of identified problems are addressed.

Essential Differences Between "Coalitions" and "Programs"

Difference Two = Addressing Multiple Causes

Examples of Coalition Appropriate Focus on
Multiple Causes:

- Identifies and reports salient personal and environmental risk factors
- Attempts systems level solutions (integration, coordination, policy and practice changes)

Essential Differences Between "Coalitions" and "Programs"

Difference Two = Addressing Multiple Causes

Signs of Coalition's Failure to Address

Multiple Causes:

- Logic models that do not identify root causes
- Action plans that only implement programs addressing personal risk factors (knowledge, skills) or single strategies (peer support, alternative activities)

Essential Differences Between "Coalitions" and "Programs"

Difference Three = Actors

- Action in coalitions is diffused and taken by all members.
- Coalition staff plays a coordinating and supportive role.

Essential Differences Between "Coalitions" and "Programs"

Difference Three = Actors

- Members (Sector Representatives) act within their own sphere of influence thus enlarging the coalition's ability to create needed change and implement multiple strategies
- New members are invited to join in an effort to enlarge the coalition's sphere of influence and to gain needed capacity to address additional root causes
- Coalition staff assists with support for planning, problem solving and information management (evaluation, reporting, etc.).


Essential Differences Between "Coalitions" and "Programs"

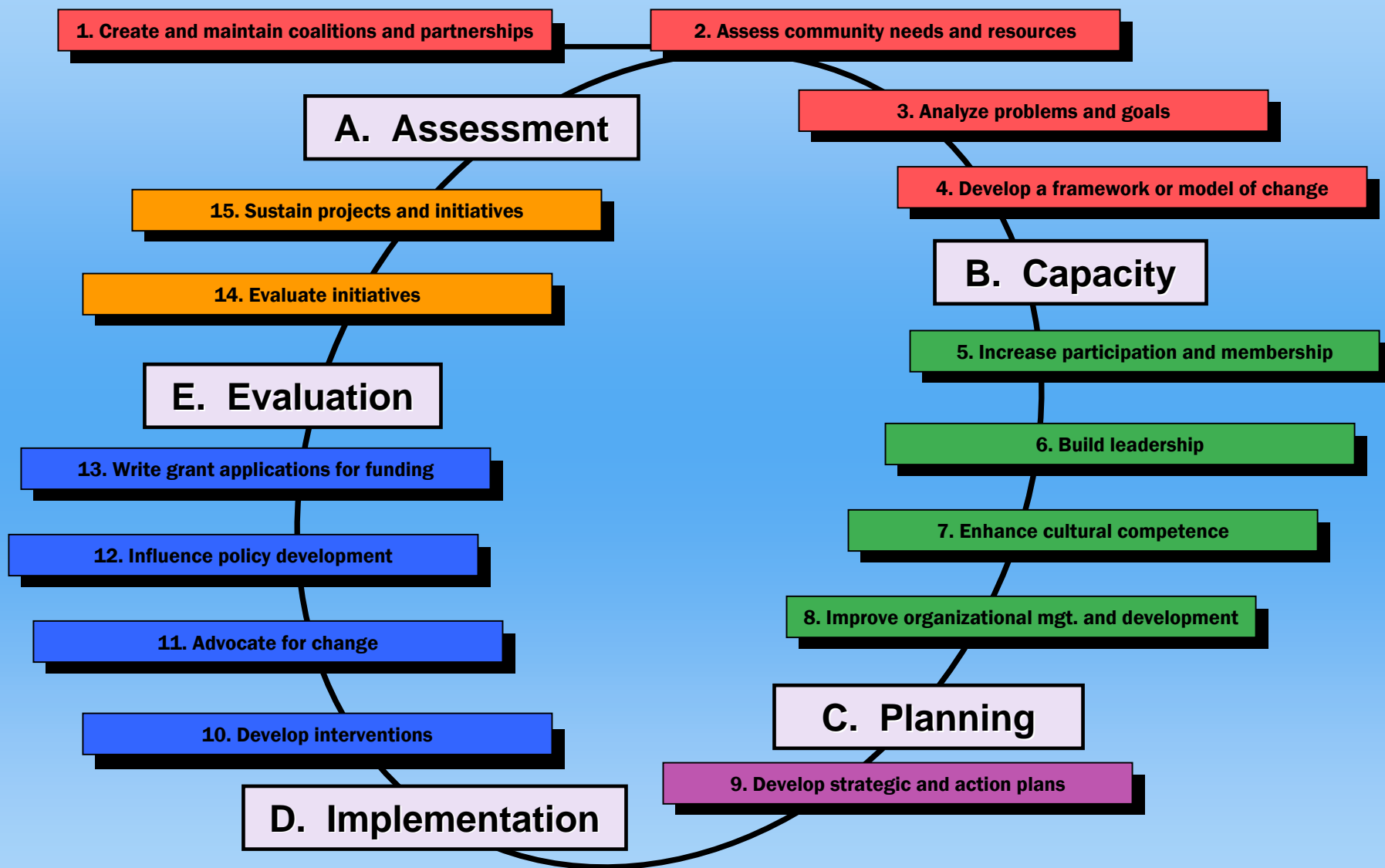
Difference Three = Actors

Signs of a Coalition “mis-casting its actors”:

- Staff that are "directed" in plan implementation by volunteer board / committee members.
- Volunteers who are recruited to compliment or support staff in program delivery (mentoring, skills development).
- Staff that implement direct service programming.

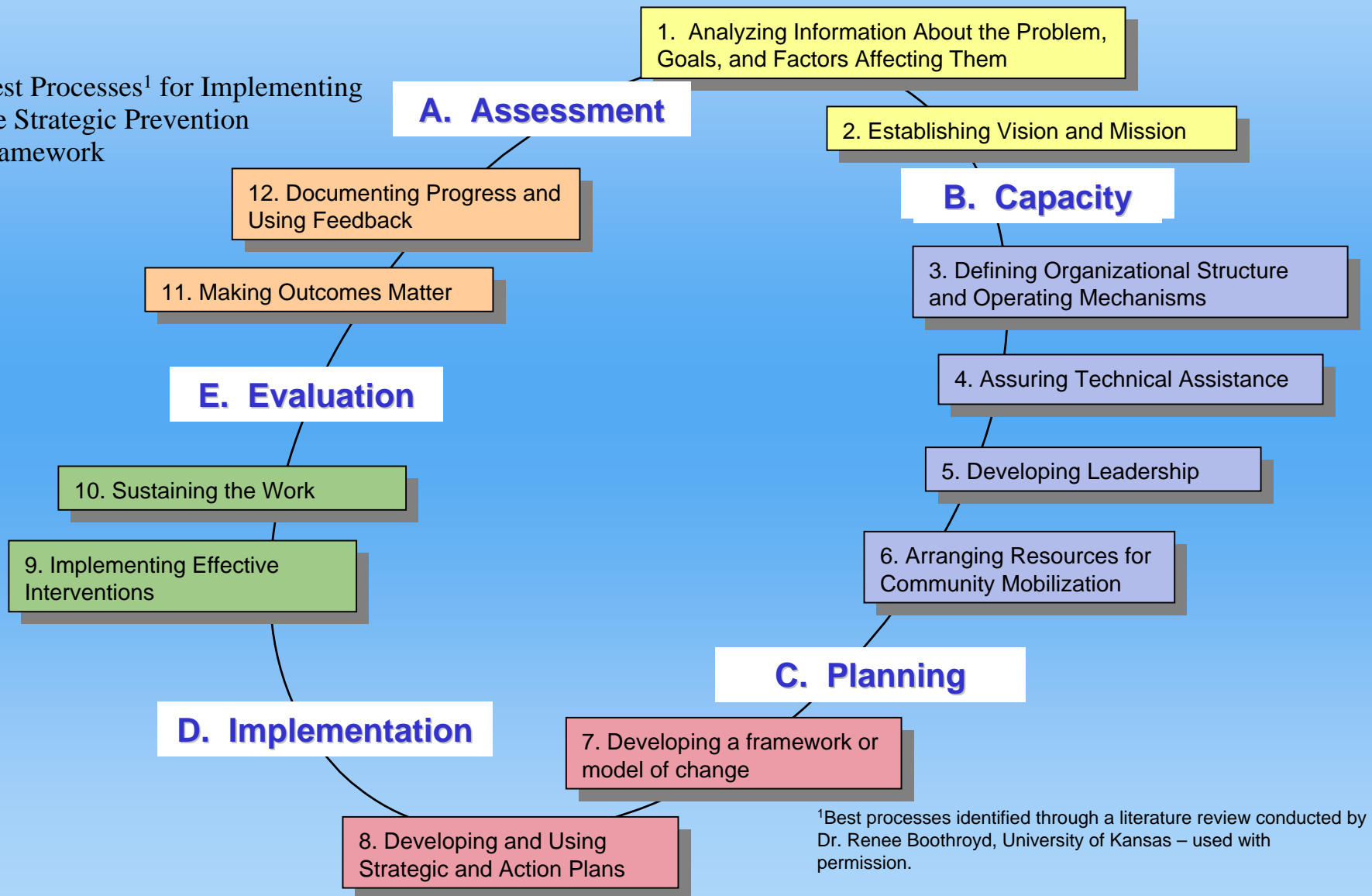
Skills Required to Implement the Strategic Prevention Framework

The relationship between SAMHSA's *Strategic Prevention Framework* and the *Core Competencies** supported by 



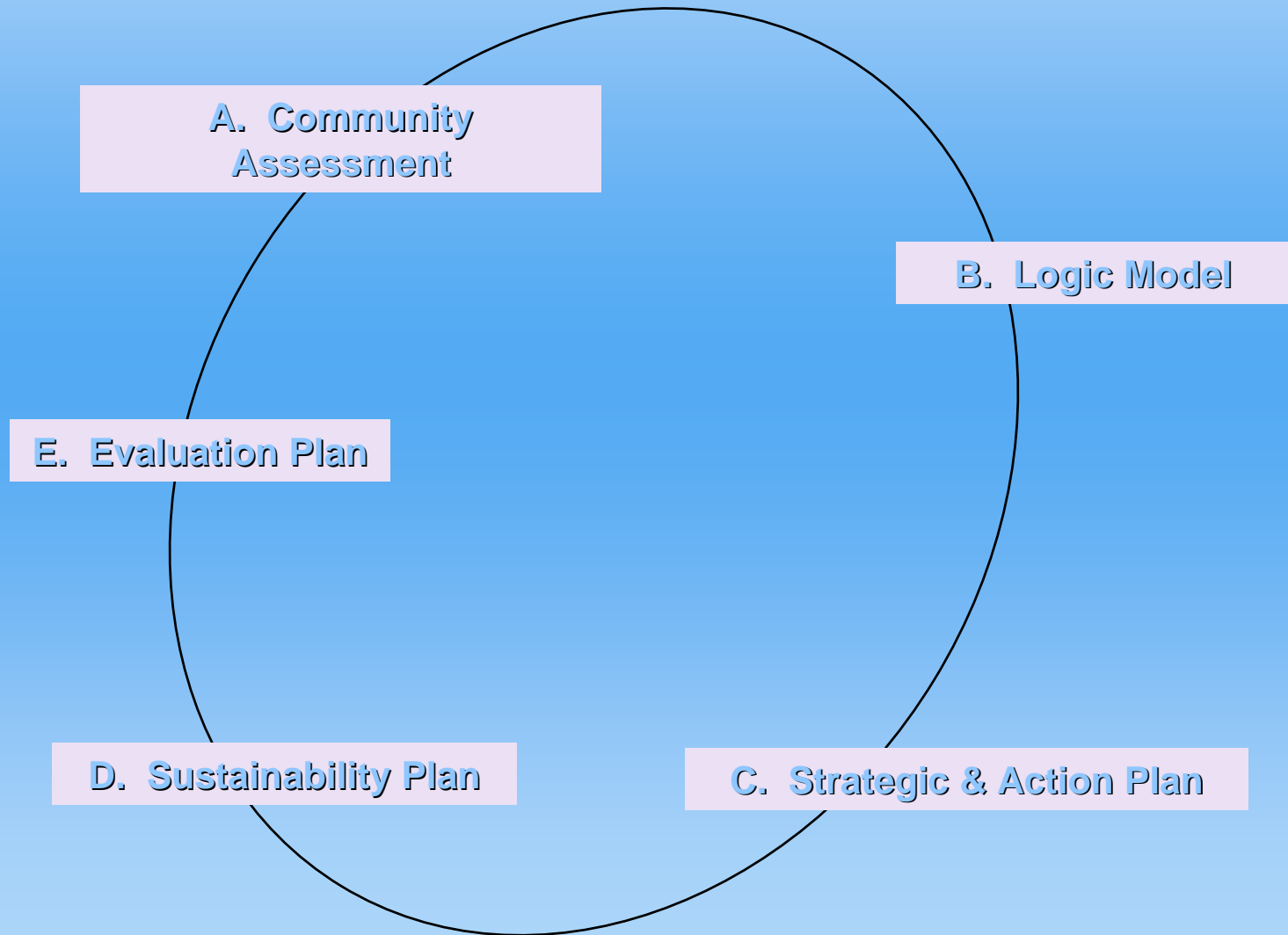
What Your Community Needs to Do

Best Processes¹ for Implementing
the Strategic Prevention
Framework



¹Best processes identified through a literature review conducted by Dr. Renee Boothroyd, University of Kansas – used with permission.

Products Your Community Needs to Create



Community Assessment

What you need to know

- How to
 - Create coalitions and partnerships
 - Assess community needs and resources
 - Analyze problems and goals
 - Develop a framework and model of change

What your community needs to do:

- Analyze information about the problem, goals and factors affecting them
- Establish a vision and mission

Product your community needs to create

- A community assessment

Capacity Building

What you need to know:

- How to
 - Increase participation and membership
 - Build leadership
 - Enhance cultural competence
 - Improve organizational management and development

What your community needs to do:

- Develop an organizational structure and operating mechanism
- Assure technical assistance
- Develop leadership
- Arrange resources for community mobilization

Product your community needs to create

- Logic model

Planning

What you need to know

- How to:
 - Develop strategic and action plans

What your community needs to do

- Develop a framework or model of change
- Develop and implement strategic and action plans

Product your community needs to create

- A strategic and action plan

Implementation

What you need to know

- How to:
 - Develop interventions
 - Advocate for change
 - Influence policy development
 - Develop grant applications for funding

What your community needs to do

- Implement effective interventions
- Sustain the work

Product your community needs to create

- Sustainability plan

Evaluation

What you need to know

- How to:
 - Evaluate initiatives
 - Sustain projects and initiatives

What your community needs to do

- Make outcomes matter
- Document progress and use feedback

Product your community needs to create

- Evaluation plan

Seven Strategies for Community Change

1 -- Providing Information

- Educational presentations, workshops or seminars or other presentations of data.
 - Public Announcements
 - Brochures
 - Billboards
 - Meetings
 - Forums
 - Web-base communication

Seven Strategies for Community Change

2 -- Enhancing Skills

- Activities designed to increase the skills of participants to achieve population level outcomes
 - Workshops and Seminars
 - Training and Technical Assistance
 - Distance learning
 - Planning retreats
 - Curricula development

Seven Strategies for Community Change

3 -- Providing Support

- Creating opportunities to support activities that reduce risk or enhance protection
 - Providing alternative activities
 - Mentoring
 - Referrals
 - Support groups or clubs

Seven Strategies for Community Change

4 -- Enhancing Access/ Reducing Barriers

– Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services

- Assuring healthcare and Childcare
- Transportation and Housing
- Justice and Education
- Safety
- Special needs
- Cultural and language sensitivity

Seven Strategies for Community Change

5 -- Changing Consequences

- Incentives/Disincentives
- Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior
 - Increasing public recognition
 - Individual and business rewards
 - Taxes, citations, and fines
 - Revocation/loss of privileges

Seven Strategies for Community Change

6 -- Physical Design

- Changing the physical design or structure of the environment to reduce risk or enhance protection
 - Parks
 - Landscape
 - Signage
 - Lighting
 - Outlet density

Seven Strategies for Community Change

7 -- Modifying/Changing Policies

- Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures
 - Workplace initiatives
 - Law enforcement procedures and practices
 - Public policy actions
 - Systems change within government, communities and organizations

Seven Strategies for Community Change

Strategies 4 through 7

- commonly referred to as “Environmental Strategies”
- Are the most effective way for coalitions to achieve population level change

Essential Differences Between "Coalitions" and "Programs"

THINK COMPREHENSIVELY

EVEN WHEN YOU CANNOT

ACT COMPREHENSIVELY!

Responding to the Request for Applications

Strategic Prevention Framework
Sections A & B

Project Narrative- Strategic Prevention Framework (SPF) Steps



Strategic Prevention Framework (SPF)

- The SPF is a requirement for the Request For Applications (RFA)
- Q: What is the SPF?
A: A process for community change
- Grounded in the Public Health Model
 - Environmental Approach
 - Multi-strategy Approach

Strategic Prevention Framework

- 5 step evidence-based process for community planning and decision-making
- 5 steps that assist coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in alcohol, tobacco, and other drugs (ATOD) use and abuse

Strategic Prevention Framework

- The SPF mirrors the layout of the request for application (RFA)
- The SPF is a Data-driven decision-making tool
- Each step of the SPF contains key elements to bring about community-level change
- The SPF involves multiple and diverse stakeholders

Strategic Prevention Framework

- SPF is a continuous process—where each step builds on the other
- SPF is a collaborative and inclusive process
- SPF is achievable and cost-effective
- SPF ensures accountability

Strategic Prevention Framework

- More Information about SPF can be found in the Coalition Institute Primers
- Primers are available on the resource table or by visiting:
 - www.coalitioninstitute.org
 - (look under “Coalition Resources”)

Sustainability

- Sustainability asks the question-Do you want this project to exist after the grant has expired?
- What steps are you taking to ensure the project will continue?
- Sustainability involves making a commitment to leaving no stone unturned to ensure the future of your coalition.
- Sustainability requires research, advanced planning, and lots of hard work.

Sustainability

Sustainability Plan Components

- Case statement = what & rationale
- Resources = detail of the resources required
- Strategy = method of action
- Sources = identify the source(s)
- Action Plan = who, what, when, timeline

Cultural Competence

What do we mean by cultural competence?

- Requires coalitions to have the capacity to value diversity.
- Embraces the principles of equal access and non-discriminatory practices in service delivery.
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.

Cultural Competence

- Culture can involve norms, values, traditions and accepted practices.
- Culture competence is not limited to ethnicity, but includes; age, gender, language, sexual identity and other variables.

Cultural Competence

- Remember that diversity within cultures is as important as diversity between cultures.
- Cultural Competence refers to the skills and abilities to work within environments of difference.
- People acquire cultural proficiency over time, through experience.
- What makes cultural integration difficult, is the “social distance” (fear) between cultural groups.

Cultural Competence

- Drinking and drugging is a culturally influenced behavior
- Cultural competence is an ongoing process that requires continuous learning, sensitivity, and awareness
- <http://www11.georgetown.edu/research/gucchd/nccc/>

Application Review Information

Evaluation Criteria

Pages 11-18

RFA Evaluation Criteria

- Your application will be reviewed according to the published review criteria in the RFA
- It is important to put your response directly below each question in the same order as in the RFA.

RFA Evaluation Criteria

- Each question will be judged on a four point scale
 - **0= Unacceptable, 1=Marginal, 2=Good, 3=Outstanding**
- The raw score for each section will be adjusted to reflect the weight assigned to each section. This weighted score will be **your final score** for that section.
- All peer reviewed applications will receive a total score between 0 and 100.

Section A: Community Assessment

(22 points)

- In this section, you must document your community assessment efforts
- This information serves as a basis for your project narrative

Section A: Community Assessment

Community Profile

This community profile is not scored but required so as to give the reviewer a picture of your community.

Section A: Community Assessment

Community Profile

- Provide a brief overview of your community
- Demographics & relevant census data
- Geographic setting (urban, suburban, rural)
- Geographic boundaries of target community
- Trends or issues in your target community

Section A: Community Assessment

- Describe and identify substance abuse problems in your community
 - Did you collect your own data or use existing data or both
 - Identify your data sources and how you gathered the data

Section A: Community Assessment

- If you have them, include baseline data on the four GPRA measures
 - Age of onset of any drug use*
 - Frequency of use in the past 30 days*
 - Perception of risk of harm*
 - Perception of disapproval of use by parents*
- *including alcohol, marijuana and tobacco
- Identify your data sources and how you gathered the data

Section A: Community Assessment

- Clearly articulate the substance abuse problems you plan to address in your target community as the result of your findings

Section A: Community Assessment

- **Identify and summarize the findings from your community assessment.**

*Include any details related to risk and protective factors.

Section A: Community Assessment

- How do you plan to continually check for changes in data trends and the accuracy of your original community assessment?

*on-going needs assessment

Section B: Capacity Building

(12 points)

In this section, applicants should describe:

- Capacity building efforts within the coalition
- The coalition's ability to lead and manage change within the community

Section B: Capacity Building

- What resources exist in your community to target the problem(s) addressed in your community assessment?
 - What current financial and other resources (building, space, overall infrastructure, people, leadership, training, knowledge, etc.) do you have in place that are appropriate to address the identified youth drug use problems in your community?

Section B: Capacity Building

- How will you manage the resources at your disposal?
 - Describe the coalition's structure.
 - How are decisions made and communicated?
 - Describe how the community participates within the coalition's structure (committee & subcommittee).
 - What role do key partners and coalition members play in your coalition (include required 12 key sectors).

Section B: Capacity Building

- How will you maintain and strengthen the coalition and prevention effort over the next year?
- How will your coalition train, encourage, and mobilize your current and future leaders, workers, and volunteers?

Section B: Capacity Building

- What are your community's gaps in resources and services and how do you plan to address these specific challenges?

Responding to the Request for Applications *(continued)*

Sections C –F

Supporting Documentation

Section C: Strategic and Action Planning

(16 points)

In this section, you:

- address the strategic planning process and propose a 5-year action plan
- provide evidence that you will address the two goals of the DFC program

Section C: Strategic and Action Planning

- **Goal One:**

- Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Section C: Strategic and Action Planning

- **Goal Two:**

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

Section C: Strategic and Action Planning

- Describe your coalition's vision and mission.
- Outline your coalition's 5-year strategic plan to address the two goals of the DFC program.

Section C: Strategic and Action Planning

- How was your community involved in developing your Strategic Plan?
 - Must have community buy-in

Section D: Implementation

(20 points)

Provide a Logic Model and an Action Plan for year 1 of the DFC grant.

Include the following:

- strategies & activities
- outcomes for each activity
- how will progress be measured
- who is responsible for each activity
- what resources you need

Section D: Implementation

- Strategies and activities should focus on community norms and beliefs, which will drive community level change.
- Your strategies should be tied back to the four core GPRA measures

Section D: Implementation

Strategy	Activity	Outcome	Responsibility	Resource
Implement teen party ordinances	Pass, Enforce and promote ordinance in the community	Reduced incidences of drinking and drugging at teen parties	Coalition & partners: *Neighbors *Law Enforcement *Judges	*Families *Parents *Law Enforcement *Youth *Media

Logic Model

“Tells you where you want to go and how you are going to get there.”

- Picture of how the prevention initiative is supposed to work
- Explains why the strategy is a good solution to the problem at hand and makes an explicit, visual, statement of activities and results
- Keeps the coalition moving in the same direction through common language and points of reference.

Sample Logic Model

Theory of Change

When a community comes together and implements multiple strategies to address youth use of methamphetamines in comprehensive way, youth will be more likely to use later and use less.

Problem Statement			Strategies	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
Too many youth are using meth-amphetamine drugs	Meth is easy to make	Over-the-counter products are sold that contain ephedrine and pseudoephedrine used to make meth	Increase barriers and pass policy	Pass ordinance making products with those ingredients available only by prescription	Community mobilization Sample ordinance developed	Ordinance passed	80% of high school seniors never try meth Less than 5% of high school seniors will report 30 day meth use
	Meth is easy to get	Meth is widely sold at school	Increase barriers and pass policy Provide support	Pass zero tolerance policy at school Train teachers and school staff	Teachers can recognize signs of meth use in students	Zero tolerance policy that requires youth who are caught using meth to attend drug counseling	75% of youth 12-18 report that meth use is risky or harmful
	Meth is not perceived to be harmful	Lack of public education about dangers of meth use	Provide information	Social norms campaign on dangers of meth use	Social norm campaign materials are developed and widely posted	Youth report believing the campaign materials	80% of youth 12-18 report disapproval of use by peers and adults
	Meth labs are hard to find	Labs are plentiful, easily hidden, hard to locate	Build skills and provide information Increase barriers to manufacture meth Change physical design	Educate public to spot meth labs Increase law enforcement to bust labs	Public reports possible meth labs to law enforcement	Increased busts of meth labs by law enforcement	

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities.

Logic Model

- Can energize, mobilize and rally support by declaring what will be accomplished and how.
- Succinct logical series of statements linking the needs and resources of your community to strategies and activities that address the issues and define the expected results.

Section E: Evaluation

(20 points)

Applicants should:

- Describe their plans for ongoing monitoring and evaluation of the project
 - Process measures
 - Outcome measures

Section E: Evaluation

- How will you meet the grant requirement to report on the four core DFC GPRA outcome measures?

**(Section 2.5, Page 5 of the RFA)*

Section E: Evaluation

- **GPRA Outcome Measures**
 - 30 day use,
 - Perception of harm
 - Perception of parental disapproval
 - Age of onset
- **Your strategies should be tied back to these core outcome measures – answer the question, if we do this strategy, will it impact one/some of these measures?**

Section E: Evaluation

- Must report GPRA data every other year
- Must collect GPRA data on a minimum of 3 grade levels
- Identify survey instrument(s) to be used to collect data for drug use, youth perceptions of harm and adult disapproval
- Report how the instrument reflects youth drug use in your community

Section E: Evaluation

- How will you track **progress** over time and how will you make adjustments on the information contained in the data you collect?

Section E: Evaluation

- How will you use your findings from your evaluation:
 - to improve your project
 - in planning future activities

Section E: Evaluation

- Based on the results of your evaluation, how will you **recruit, inform, and engage** community members and the target population?

Section E: Evaluation

- How will **process evaluation** impact coalition operations and administration?
- Describe how the coalition has created partnerships in order to collect, analyze, and report data and conduct evaluation activities.

Section F: Budget

(10 points)

- Your budget will be judged by peer reviewers on three questions:
 - Is the budget and budget narrative focused on the 2 DFC goals?
 - Does the budget and budget narrative support the proposed plan in Section D of the narrative?
 - Are the budget and budget narrative focused on supporting environmentally-based community change?

Supporting Documentation-

Sections G-L

- Section G: Documentation for Eligibility Requirements
- Section H: Budget Justification
- Section I: Resumes and Job Descriptions
- Section J: Program Abstract
- Section K: General Applicant Information
- Section L: Demographics

Supporting Documentation

Sections G-L

Section G:

Documentation for Eligibility Requirements:

- Statement that applying entity is a legally eligible entity
- Mission Statement
- Meeting Minutes (2 sets)
- Memoranda of Understanding
- Proof of 12 Sectors (Table Format)
- Organizational Chart of the Coalition
- Brief History of the Coalition
- Budget/Budget Justification

Supporting Documentation

Sections G-L

Section H:

Budget Justification, Existing Resources, Other Support:

- Narrative justification of the items included in the proposed budget, as well as a description of existing resources and other support that the coalition expects to receive for the proposed budget.

Supporting Documentation

Sections G-L

Section I:

Resumes and Job Descriptions:

- A resume, two pages or less, for the project director and other key positions.
 - If the person has not been hired, include a position description and/or letter of commitment with a current resume from the individual
- Job descriptions that are no longer than 1 page each for key personnel

Supporting Documentation

Sections G-L

Section J:

Program Abstract:

- No longer than 35 lines
 - A sample program abstract is provided in Attachment 3.

Supporting Documentation

Sections G-L

Section K:

General Applicant Information:

- Name of fiscal agent, which is the legal name of applicant;
- Mailing address of fiscal agent (including zip code);
- Include: phone #, E-mail address, contact person's name
- Name of the coalition;
- Mailing address of the coalition (including zip code);
- Physical address of the coalition (if different);
- Include: phone #, E-mail address, contact person's name
- Date the coalition was established;

Supporting Documentation

Sections G-L

Section K: *Continued...*

General Applicant Information:

- Indicate whether the applicant coalition is a religious or faith-based organization;
- List drugs addressed by the coalition (including marijuana, alcohol, tobacco, methamphetamine, MDMA [ecstasy], steroids, inhalants, heroin, and any other drugs).
- If applicant has previously received a DFC award, please list each of the fiscal year(s). (name of Fiscal Agent)
- Amount of FY 2007 funds requested.
- List all of the coalition's other Federal and State funding sources.
- List of any other of the coalition's funding sources (including foundations, fundraising drives, corporate support, and any other funding sources).
- A copy of a letter to the Single State Authority in your State, showing that you have informed them that you have applied for a DFC grant.

Supporting Documentation

Sections G-L

Section K: *continued...*

General Applicant Information:

- Other Contact Information – Please provide contact information for the following individuals (include for each the name, phone number, and email address):
- Official authorized to accept funds on behalf of the coalition;
- Coalition board chair/president;
- Proposed project director of the DFC grant; and
- Proposed evaluation contact for the DFC grant.

Supporting Documentation

Sections G-L

Section L:

Applicant Demographics:

- Congressional district(s) served by the coalition
- Zip code(s) of the target area served by the coalition
- Geographical boundaries of the target area served by the coalition (i.e., city, county coordinates, street intersections, etc.)
- Total population of the target area served by the coalition

Supporting Documentation

Sections G-L

Section L: *continued...*

Applicant Demographics:

- Indicate whether the target area served by the coalition is primarily rural, suburban, or urban (definitions provided)
- Indicate whether the coalition serves a federally recognized tribal area
- Indicate whether the coalition serves an area that is economically disadvantaged (definition provided)

2:30-4:00

***Application and Budget
Requirements***

Division of Grants Management (DGM)

- DGM conducts a cost analysis of applicant's budgets, negotiating with applicants to make necessary changes.
- DGM conducts an administrative review of the application.
- DGM conducts accounting capability reviews of potential grantee organizations.

BUDGET

(See RFA Attachment 1- Sample Budget demonstrates for 1st 5-year grant cycle)

- **Components**
 - Budget Narrative - description of costs and justification
 - Budget Summary – compiled costs
 - Calculation of Future Year's Funding
- **No more than \$100,000/year**

Budget Categories

- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Construction – Not allowed
- Other
- Indirect Costs

Budget Categories (cont.)

- Total Direct Costs
- Indirect Costs
 - If you have a negotiated rate agreement (include documents in the application package)
 - If you don't have a rate agreement and wish to obtain one go to <http://rates.psc.gov>

Calculation of Future Years

- Budget increases or decreases must be explained and justified.
- All applicants must show projected federal request and non-federal match – as required.
- Total grant request may not exceed \$100,000

Cost Sharing/ Match

- Need not be category-for-category match
- May be in-kind donations
- Cannot include federal funds or federal funds passed through a state or local government
 - (exceptions for Native groups)
- If Federal funds can't be allocated for a cost then the cost can't be used to meet the match requirement

Chart for DFC Match Requirements

Year of Funding
Requested

Matching Requirement

1-6

100%

7

125%

8

125%

9

150%

10

150%

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

GRANT APPLICATION

For use by:

- State and Local Government Applicants
- Nongovernmental Applicants for Health Services Projects



FORM PHS-5161-1
(Revised 7/00)

PHS 51-61-1 Sections

- SF 424 (version 2)– Application for Federal Assistance - complete all
- SF 424A – Budget Information Non-construction – complete Sections B, C,E, and F
- SF 424B - Assurance Non-Construction Programs – for reference
- SF 424C – Budget Information Construction Programs – Do not complete

PHS 5161-1 sections (cont)

- SF 424D – Assurances – Construction Programs – Do not complete
- Certifications – For reference
- Program Narrative – Complete using RFA
- Budget Narrative – Complete using RFA “Sample Budget” as guide
- Checklist - Complete

Completing the Application (Form # PHS-5161-1)

- Contains information about Public Health Services(PHS) policies and procedures
- Before completing, refer to relevant program guidelines within the application kit
- Read all instructions
- If PHS-5161-1 is not submitted, the application will not be reviewed

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): _____ *Other (Specify) _____	
*3. Date Received: _____		4. Applicant Identifier: _____			
5a. Federal Entry Identifier: _____			*5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION					
*a. Legal Name: _____					
*b. Employer/Taxpayer Identification Number (EIN/TIN): _____			*c. Organization DUNS: _____		
d. Address					
*Street 1: _____					
Street 2: _____					
*City: _____					
County: _____					
*State: _____					
Province: _____					
*Country: _____					
*Zip/Postal Code: _____					
e. Organizational Unit					
Department Name: _____			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		*First Name: _____			
Middle Name: _____					
*Last Name: _____					
Suffix: _____					
Title: _____					
Organizational Affiliation: _____					
*Telephone Number: _____			Fax Number: _____		
*Email: _____					

Cover Page

Standard Form (SF) 424

- Item 8 - Legal name = grantee

ROLES AND RESPONSIBILITIES OF THE GRANTEE

- Adheres to the programmatic and fiscal requirements of the award
- Is or represents a coalition
- Reduction of substance abuse is principal mission

If grantee is not the coalition

Must use the grantee's EIN and DUNS no.

- To obtain DUNS number: Register at www.dunandbradstreet.com or call 1-866-705-5711
- Can't simply pass through the funds
- It is expected that this is a long-term relationship between the two entities

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:***** Other (specify)****10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number****CFDA Title:*****12. Funding Opportunity Number:*****Title:****13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):****15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Cover Page

Standard Form (SF) 424

Enter the following Catalog of Federal Domestic
Assistance Number: 93.276

Funding Opportunity Number: SP-07-001

Title: Drug Free Communities Support Program

16. Congressional Districts Of:

*a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date:

b. End Date:

18. Estimated Funding(S):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix:

*First Name:

Middle Name:

Last Name:

Suffix:

*Title:

*Telephone Number:

Fax Number:

*Email:

*Signature of Authorized Representative:

Date Signed:

Cover Page

Standard Form(SF) 424 (cont.)

- Subject to Executive Order 12372
 - Intergovernmental Review of Federal Programs
 - go to www.whitehouse.gov/omb/grants/spoc.html to reference list of states affected by EO 12372
- Authorized signature = Person legally responsible for application and grant funds

SF 424A

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	0
2.						0.00
3.						0.00
4.						0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges (sum of 6a - 6h)	0.00	0.00	0.00	0.00	0.00
j. Indirect Charges					0.00
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
7. Program Income	\$	\$	\$	\$	0.00

Budget Information Sheet Standard Form(SF) 424A

Section A = leave blank

Section B = follow categories from budget summary

- Section B Column 1 = Federal funds request
- Section B Column 2 = Non-Federal cost sharing/match
- Program Income = Income generated from grant-funded activities

SF 424A

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ 0.00
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
20. TOTALS (sum of lines 16 - 19)	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks <input type="text"/>	

Budget Information Sheet

Standard Form(SF) 424A

- Section C = complete – use to complete Budget section on 424 Item 18 b through f
- Section D = leave blank
- Section E = Estimates of Funds Needed to Balance the Project
 - (a) Grant Program = DFCSP
 - (b through e) additional years (taken from Budget Section) –First is year 2 or 7, etc.
- Section F = Complete – if indirect costs are requested submit indirect cost rate agreement

Assurance and Certifications

- Read - accepted when complete section 21 of SF 424 (version 2)

Checklist

CHECKLIST

OMB Approval No. 0920-0428

Expiration Date: April 30, 2000

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT
Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. Proper Signature and Date on PHS-5161-1 'Certifications' page. | <input checked="" type="checkbox"/> | |
| 3. Proper Signature and Date on appropriate 'Assurances' page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input checked="" type="checkbox"/> | |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Application Checklist for PHS-5161-1

- Type of Application =
 - “New”
- Part A – HHS Form 690 – ‘*Assurance of Compliance*’
 - located at www.samhsa.gov
 - Click on “grants”
 - Click on “Applying New SAMHSA Grants”

Application Checklist for PHS-5161-1 (cont.)

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input type="checkbox"/>	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	<input type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been attached, when required?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input type="checkbox"/>	
6. Has the 12 month detailed budget been provided?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	<input type="checkbox"/>	<input type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input type="checkbox"/>

Application Checklist for PHS-5161-1 (cont.)

- Part B – Public Health Systems Impact Statement (RFA– Application and Submission Requirements);
 - Intergovernmental review - Executive Order 12372
 - go to www.whitehouse.gov/omb/grants/spoc.html to reference list of states affected by EO 12372

Application Checklist for PHS-5161-1 (cont.)

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name _____

THE

Organization

Address

E-mail Address

Telephone Number

Fax Number

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

[illegible]

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name

THE

Organization

Address

E-mail Address:

Telephone Number**Fax Number**

SOCIAL SECURITY NUMBER

[illegible]

HIGHEST DEGREE EARNED

Page 10

NOV 21 1964

Application Checklist for PHS-5161-1 (cont)

Part C -

- Name of Business Official – person with signatory authority
- Name of Project Director – should be same person as Section 8 f of SF 424 - Social Security No. is not required
- Address:
 - Addresses must be physical location not P.O. Box numbers
- EIN:
 - Use 9 digit EIN

Application Checklist for PHS-5161-1 (cont.)

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Application Checklist for PHS-5161-1 (cont.)

Part D

- Non-profit Status: Submit required paperwork with this application – include EIN verification paperwork from IRS**

Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES		Approved by OMB 0348-0048
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		
1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year <input type="text"/> Quarter <input type="text"/> date of last report <input type="text"/>
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier <input type="text"/> , if known: <input type="text"/> <input type="text"/> Congressional District, if known: <input type="text"/>		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <input type="text"/> Congressional District, if known: <input type="text"/>
6. Federal Department/Agency: <input type="text"/>		7. Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
8. Federal Action Number, if known: <input type="text"/>		9. Award Amount, if known: \$ <input type="text"/>
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <input type="text"/>		b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI): <input type="text"/>
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: <input type="text"/> Title: <input type="text"/> Telephone No.: <input type="text"/> Date: <input type="text"/>
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Required Application Components

Face Page – SF 424 (version 2)

Abstract

Table of Contents

Budget Form – SF 424A

Project Narrative and Supporting
Documents

Appendices

Preparing to Apply- Required Application Components

- Disclosure of Lobbying Activities – SF LLL
- Checklist – PHS 5161-1
- Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations – SMA 170 (found at SAMHSA website)

Format Screen out Criteria

RFA Attachment 2

- number of pages – 22 page limit for narrative and no page limit for appendices
- paper size: 8.5 X 11
- type size: no more than 15 characters/inch and no more than 6 lines/vertical inch
- page layout:
 - 1 inch margins
 - single space, one column
 - black ink
 - one sided

Format Screen Out Criteria – cont.

- Adhere to funding limits including both federal share and match (see budget section of this presentation)
- Must complete and submit the Grant Application PHS-5161-1

Submitting Application

RFA Attachment 2

**APPLICATION DUE ON OR BEFORE
APRIL 17, 2007**

Hard Copy

- submit original and two copies
- cannot be faxed, hand carried or emailed
- use USPS or carrier (listed in RFA) – follow deadlines for submission

Submitting Application- cont.

- On-line submission - www.grants.gov
- DUNS number required -
 - DUNS (Dun and Bradstreet) –
www.dunandbradstreet.com or call 1-866-705-5711
- At least two weeks prior to submitting the application the applicant must register at www.grants.gov
- On-line tutorial is provided for submitting applications on grants.gov

Financial Capability Review(FCR)

Why Financial Capability Reviews are important:

- **Helps grantees succeed with capable financial management systems**
- **Helps protect Federal dollars against fraud, waste and abuse**
- **Helps grantees be equipped with adequate financial management systems when considering applying for future awards**

How FCRs Are Performed

- Review a recent report on an audit performed in accordance with OMB Circular A-133; or
- Request the grantee's recent financial statements together with accounting and personnel policies & procedures (P&P)
 - *Financial Capability Review Guide* is provided so the grantee can incorporate necessary controls prior to submission.

FCRs cont.

- When submissions are received:
 - review the organization's financial strength;
 - measure the P&P against standards for financial systems prescribed in HHS regulations.
- Based on the review, additional information may be requested or a determination made that the grantee has a financial management system capable of administering the award.

Note

- **SAMHSA will generally not withhold the grantee's award or its ability to drawdown funds during the FCR**
- **However, if information for the FCR is not submitted as requested, or if significant financial management system weaknesses are found, a grantee's account at HHS' Payment Management System (PMS) may be restricted until the necessary corrective actions are taken**

For additional support contact:

Jayme S. Marshall, Branch Chief
SAMHSA

Center for Substance Abuse Prevention
1 Choke Cherry RD, 4-1089
240-276-1270

dfcnew2007@samhsa.hhs.gov

Or:

[**http://www.samhsa.gov**](http://www.samhsa.gov)

Click on:

- “Grants” (Button at top)
- “Applying for a new SAMHSA Grant”

Questions after workshop

For questions on grants management issues, contact:

Kimberly Pendleton

Office of Program Services, Division of Grants
Management

Substance Abuse and Mental Health Services
Administration

1 Choke Cherry Road

Room 7-1097

Rockville, Maryland 20857

(240) 276-1421

kimberly.pendleton@samhsa.hhs.gov

Thank You

And Good Luck!